

Please complete within 48 hours of tentative reservation

Lovettsville Library
12 North Light St.
Lovettsville, VA 20180
VOICE/TTY: 540-822-5824
FAX: 540-822-5998

Application Date

Fee PAID:	
AV SETUP:	

APPLICATION FOR MEETING ROOM USE

Reservations/Applications may be made in person or by FAX or eMAIL. **FEES** for **BUSINESS or FOR-PROFIT** use must be paid at the time of application and must be submitted with this form. For groups FAXING or eMAILING meeting room reservations, fees must be received within **48 hours** of submitted application or the booking will be released. See reverse for additional details.

Date of Program:

Actual Meeting Time:
(beginning to ending)

Expected Attendance:

Total Time (including time for
setup and cleanup)

Name of Organization:

Purpose of Meeting:

Name of Representative:

Address:

Daytime Phone:

Evening Phone:

Please check one:		Please check one:		FEE	Hours	TOTAL
<input type="checkbox"/>	County or Town Government (No Charge)	<input type="checkbox"/>	BUSINESS or FOR-PROFIT groups (\$40.00 per hour or any part of an hour). See reverse for FEE refunds for cancellations.	\$ 40.00		
<input type="checkbox"/>	Community Organization (Donations Accepted)	<input type="checkbox"/>				
<input type="checkbox"/>	Non-profit organization (Donations Accepted)	<input type="checkbox"/>	BUSINESS OR FOR-PROFIT AV FEE (\$10.00)			
<input type="checkbox"/>	Other: (Please explain)	<input type="checkbox"/>	TOTAL FEES DUE			

Please make checks payable to "County of Loudoun"

Please check one:

	Meeting Room	Capacity
	Meeting Room	35

Businesses and for-profit groups will be charged \$10.00 for use of AV equipment.

Please check any equipment needed:

<input type="checkbox"/>	Assistive Listening – FM System	<input type="checkbox"/>	Lectern	<input type="checkbox"/>	Projector for Laptop
<input type="checkbox"/>	Boombox (CD/Cassette)	<input type="checkbox"/>	Lectern & Microphone	<input type="checkbox"/>	Projector (DVD or VHS)
<input type="checkbox"/>	Easel	<input type="checkbox"/>	Projection Screen	<input type="checkbox"/>	TV/DVD/VHS Combo-Cart

Please read the information on the back and sign this form.

Please read the attached Library Policy on Meeting Room Use and the following regulations:

- ☐ No group may schedule meeting rooms more than 16 hours each month.
- ☐ The organization will provide proper supervision at all times.
- ☐ The library is pleased to provide meeting space as a community service. You may support the library and honor your organization by making a donation.
- ☐ A **ROOM USE FEE** (\$40.00 an hour or any part of any hour) will be charged to **BUSINESS** and **FOR-PROFIT** groups. Payment must be made with this form to secure the reservation or the booking will be released. Booking cancellations must be made seven (7) business days in advance in order to receive a 75% refund. Refund requests must be made in person, by fax or by email. Email address: lovettsvillelibrary@loudoun.gov Subject line should read: Meeting Room Cancellation. Weather related cancellations are refunded.
- ☐ Groups requesting AV equipment must provide a member familiar with the operation of audio/video equipment. The group will be responsible for any damages other than normal wear and tear (e.g. bulbs).
- ☐ The organization is responsible for setup and cleanup of the room and furniture. Appropriate time before and after the meeting should be included in the booking time. The authorized representative of your organization is responsible for the good condition of the room and will report any damage to the room or its contents to library staff.
- ☐ Users are responsible for notifying their members of meeting cancellations due to weather. Please call the branch to determine if it is open.

Renters are not covered by the County of Loudoun's liability insurance.

I am an authorized representative of the organization named above. I have read and agree to comply with the regulations for the use of Loudoun County Public Library public meeting rooms as set forth above and in the Library Policy on Meeting Room Use which I have received and read. I agree that any violation of the rules and requirements set forth in this application may be grounds for immediate expulsion and denial of future use of the facility.

Signature:	Library Card #:
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